

A circular black and white stamp. The outer ring contains the text "OIP E" at the top and "PATENT & TRADEMARK OFFICE" at the bottom. The center of the stamp contains the date "JUL 09 2004".

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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JUL 15 2004

Technology Center 2600



2623
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In re Application of:

YOSHIKI UCHIDA

Application No.: 09/745,772

Filed: December 22, 2000

Docket No. 03630.000267.

Examiner: J. Wu

Group Art Unit: 2623

Date: July 8, 2004

For: TEXT COLOR DETECTION FOR COPIER IMAGE PROCESSING

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 44	MINUS	** 44	= 0	x \$9 \$18	-0-
INDEP. CLAIMS	* 4	MINUS	*** 4	= 0	x \$43 \$86	-0-
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						-0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☒ A check in the amount of \$110.00 to cover the fee for a one month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Edward A. Kmett
Registration No.: 42,746

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New York, New York 10112-3800
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Form #120

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